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Ericksonian Hypnosis: A Perspective on Direct and Indirect Methods

Jeffrey K. Zeig[1]

The primary purpose of this paper is to emphasize the essential role of indirection in hypnosis. Another purpose of this paper is to compare and contrast the nature of direct versus indirect suggestions. Some experts (cf. Lynn, Neufeld, & Mare, 1993) have examined the question, „Are indirect suggestions better than direct suggestions?" but that query has limited applicability. A forceful position will be advanced on the nature of hypnotic suggestion: All suggestions in hypnosis are necessarily indirect. This is due to the injunctive nature of the hypnotic frame which modifies the manner in which suggestions - direct and indirect - are understood.

The greatest thing by far is to have a command of metaphor. (Aristotle)

Ericksonian hypnotherapy is presented as an experiential method whereby reliance on indirect methods facilitates a patient's increased personal effectiveness. An abridged model of Ericksonian methods is offered, which illustrates the role of indirection in hypnotic induction, where it serves as a precursor for indirection in therapy.

Communication will be described as both injunctive and indicative, and this distinction will be used to study the implicit context of hypnosis in order to explicate the claim that all suggestions in hypnosis are superordinately indirect. Direct and indirect suggestions will be discussed in the contexts of traditional hypnosis and Ericksonian hypnosis, respectively. Distinctions between traditional and Ericksonian hypnosis will be drawn regarding induction methods.

However, before proceeding, I will exert my prerogative as an Ericksonian and tell a story: I was having dinner with a female friend in Phoenix, Arizona, when a stunning woman walked into the restaurant wearing extraordinarily seductive and revealing clothing. I turned to my friend and said, „What do you make of that?" She replied, „Power packaging." I like the concept of „power packaging." It has relevance to psychotherapy.

Power lost

When patients present their problems for psychotherapy, they reveal impasses in living where they perceive deficits of ability. Structurally, symptoms can be considered indirect messages that indicate a loss of effective power. Patients' „stuck spots" often are cued (and perhaps to some extent induced and maintained) by words such as „can't", „always", and „never", and phrases such as, „I should", „If he/she just", „Yes, but", „If only", and „What if". For example, patients complain, „I can't change my depression;" „I always overeat;" „I never can have a good relationship;" „I should have a better attitude;" „If he/she just would talk to me;" „Yes, I know it would be good to exercise, but I don't do it." „If only I had chosen differently;" and „What if something bad happens?" In stating their problems, patients communicate, „I don't have power to be effective". They believe they lack an essential ability either to change or to cope. They are involuntary slaves to their difficulties.

Therapy is about power - it is about countering the perceived power deficit of the patient. Hypnosis is a context in which power can be regained, in which power is „packaged" back to the patient. There is a difference, however, between power packaging in Ericksonian (indirect) and traditional (direct) varieties of hypnosis. Traditional hypnosis is often like medicine: The power seems to be derived from the tonic (suggestion) imbibed by the patient. Indirect Ericksonian methods strive to elicit power from within the patient and to the patient's credit.

Essentially, Ericksonian hypnotherapy establishes a „social vacuum", where the patient is drawn into an experiential recognition of personal effectiveness. The therapist creates the vacuum by guiding associations which then stimulate energetic action from the patient. The difference between direct and indirect suggestion is the difference between Renaissance art which is like a photograph, and impressionist art. In the latter, the viewer of the art creates a percept, based on subtle cues provided by the artist.

Before developing these assumptions about traditional methods, I will present an Ericksonian position and a perspective on Ericksonian methods.

Power regained: The Ericksonian position

A therapist who subscribes to the Ericksonian tradition believes that each patient possesses sufficient inherent resources to live more effectively. The task of psychotherapy is to identify, develop, and harness those inherent, but often unrecognized, potentials. The therapist seeks to guide associations to stimulate energetic action in the patient who actualizes the unaccessed resources.

Patients who present their deficits have, indeed, lost awareness of internal resources.

For example, every patient who feels „stuck" in a feeling state has a history of being able to modify emotion; the addicted patient has many life experiences of being comfortable and competent without relying on an addiction; and every patient who feels plagued by „bad" relationships, has a history of relating effectively in some instances. Consider the pilot who seeks consultation, complaining of an inability to engage in public speaking. Contrast his conundrum to the public speaker who complains of an inability to relax on an airplane. Each has an ability to be comfortable in a situation that many people might construe as difficult (flying, public speaking), but each has been unable to use that resource (comfort) to combat the respective problem.

A primary task of psychotherapy, therefore, is how to activate dormant power, to elicit recall and foster the development of unrecognized abilities. If patients present themselves as powerless victims, how will therapists help them access and use dormant powers? From an Ericksonian perspective, the therapist sets up situations that allow patients, to their own credit, to realize underlying potentials. The therapist engages in „power packaging." The product that is marketed to patients is the proposition that they have the power to accomplish things that serve their best interests (Zeig & Rennick, 1991). The therapist creates significant emotional experiences (Massey, 1979) that enables patients to self-discover the ability to be effective.

Therapeutic experiences can be established by using direct and/or indirect methods. But if a therapist wants patient-based change, indirect messages are best. Before considering direct and indirect suggestions in hypnosis, I will present a meta-model of Ericksonian intervention in order to understand the use of indirect techniques in therapy.

An abridged version of the Ericksonian method

In essence, Ericksonian therapists create meaningful and dramatic therapeutic experiences by triangulating five factors. What follows is an abridged version of what I call an Ericksonian approach. Here is a diagram of depicting the five intervention factors. (Additional information about this model is contained in Zeig, 1992). Each of the five factors will be described in turn.

1. The position of the therapist

Each therapist has a personal and professional position. These consist of characteristics such as compassion, perceptiveness, clinical skills, intellect, and curiosity. The position of the therapist is invariably projected into the therapy and it influences the outcome of treatment. This factor accounts for much of the outcome of therapy and greatly influences the other four aspects. The position of the therapist is not set in stone; it can be modified to effect specific goals. However, because it does not directly relate to the central ideas regar-

ding indirection in this paper, the therapist's posture will not be developed further here.

2. Goal setting

The goal consists of the ideas that the therapist decides to communicate to the patient. The main therapy goal usually overlaps with the patient's own wishes (e.g., to stop overeating, or to have a good relationship). However, the therapist might modify the overall goal. For example, a goal can be divided into manageable steps, each a subgoal to communicate to the patient. To illustrate, if the patient suffers depression, the therapist might want to communicate „Be happy." The overall goal of „being happy" can be divided into a number of corresponding subgoals (e.g., being active, having flexibility in mood, being oriented to the future, and being positive about oneself and others). Each component is a subgoal that can be elicited and developed within the patient, and his/her social system, thereby constructing the larger goal.

3. Gift wrapping

The therapist decides how to communicate the goal or subgoal. This can entail being indirect. It is usually not enough to directly specify the goal to the patient. It is generally preferable to package the goal within a therapeutic technique; for example, within hypnosis, a metaphor, a symbol, or a confusion technique. Couching the goal indirectly within a technique makes it more possible for the patient to elicit the desired effect to his/her own credit. The patient must strive to understand the therapist's message and in the process can energize unrecognized potentials and access personal power. I call this method of presenting the therapy goal (or subgoal) within a technique, gift wrapping. Any gift-wrapped message is indirect by its very nature because it is one step removed from its direct presentation (Zeig, 1985).

Further, it should be remembered that psychotherapy techniques do not cure people like an antibiotic may cure an infection. Techniques are merely indirect methods of presenting information. Actually, this is a polite process. The patient „gift wraps" the problem within a symptom. The therapist returns a gift-wrapped solution within a technique. (See Ritterman, 1983) who describes therapy as an exchange of gifts.)

4. Tailoring

The therapist ascertains the patient's values, the position the patient takes (Fisch, Weakland, & Segal, 1982), in order to speak the patient's experiential language. This is essentially a method of tailoring the gift-wrapped goal to the individual patient.

For example, if the therapist wants to activate the goal, „Relax", the message could be gift wrapped within a therapeutic anecdote. If the patient has an essential position of being „adventuresome", the therapeutic story could be tailored to feature an adventuresome protagonist. If the patient is shy, the protagonist could be „secretly" active. Tailoring, like gift wrapping, elicits patient power and decreases resistance.

5. Processing

The therapist presents the tailored and packaged goal within a dramatic process, which usually entails a three-step procedure: moving in small strategic Steps; Intervening; and Following Through. This procedure has been tabbed „SIFT" (Zeig, 1985). The SIFT process makes the process of therapy somewhat akin to farming. There is a valuable seed (patient resource or therapist goal). It may exist in a dormant state within the patient. At first glance, it seems that the existent ground is not a sufficiently fertile medium for the seed to develop. Therefore, the therapist methodically works with the patient to disrupt some of the earth that has been hardened. This restores the malleability and fertility that is inherent in the soil. Subsequently, the seed is ceremoniously replanted. The patient/therapist team then ensures adequate follow-up by continuing to nurture the seed. Throughout the process autonomy is subtly encouraged: It is the patient who does the work and takes credit.

It is not enough to merely present the tailored and gift-wrapped goal. Suggestions must be sequenced. The therapist starts by pacing the patient, then works to disrupt rigid sets and resistances. This helps to promote responsiveness. Initiating change by moving in small steps, the therapist begins to present goals and subgoals and follow through on them.

The step of building responsiveness could be called „inducing hypnosis." A euphemism for hypnosis is eliciting collaborative responsiveness. During the induction period, the Ericksonian therapist presents injunctions to the patient and builds a set whereby the patient responds to those minimal cues, (also called „indirect suggestions"). In the induction, the Ericksonian therapist obscures messages and makes them indirect. The effect of indirection is that responses become more autonomously generated. For example, if the therapist says to the patient during the hypnotic induction, „You can...step forward...into a comfortable state", and the patient moves a foot forward in a more or less dissociative (automatic) response to the implied command, that is judged to be a cooperative response to a minimal cue. Before proceeding to present gift-wrapped and tailored goals, Erickson worked with the patient to establish to the best of the mutual ability of both Erickson and the patient, responsiveness to minimal cues.

The purpose of indirect methods varies as one shifts from the induction period to the therapy period. In induction, the goal is to elicit responsiveness to indirect suggestions. For therapy, indirect (gift-wrapped) techniques are used to stimulate resources into action. I call this the R & R of Ericksonian methods (Zeig & Rennick, 1991). If the therapist intends

to use indirect techniques to help patients activate dormant resources, responsiveness to indirect methods should be garnered first. This is a primary purpose of induction in Ericksonian practice. Indirect induction is not used merely to elicit dissociative processes. It is also used to develop responsiveness. If the therapist is going to use indirect techniques in therapy (e.g., in the form of anecdotes, symbols, and metaphors), then he/she ought to work in the initial stages of the process (i.e., during induction) to develop patient responsiveness to that type of communication. Indirect induction lights the way for the indirect therapy that follows.

Having offered some fundamentals of an Ericksonian approach, I will comment both on the injunctive aspect of hypnosis and on the nature of direct and indirect suggestion.

Injunctive communication

In order to define direct and indirect suggestion, it is valuable to analyze the understructure of communication. Such an analysis will illuminate my hypothesis about the impossibility of direct suggestion during hypnosis. Injunctions are the cornerstone of multiple level communication (Zeig, 1985). Understanding the injunctive aspects of communication can be traced to Gregory Bateson (Bateson & Ruesch, 1951, pp. 179-231), who described communication as consisting of a report and a command. Information (the report) is contained in any message. But there also is a covert directive (command) about the nature of the relationship between the sender and the receiver. The command frames the presented information. For example, the explicit message (report) could be the directive, „Please, come here", but the implicit command communicated paraverbally that frames the message could be, „This is play!" „This is work!" or „This is intimacy!"

A similar view of communication was formulated by Eric Berne (1966, p. 227), who maintained that communication is composed of both social and psychological levels. Berne posited that the outcome of communication was determined on the psychological level. An example can be seen in a seduction scene in which one partner asks, „Will you come up and see my butterfly collection?" In Berne's Transactional Analysis parlance, the ostensible Adult-to-Adult message (about the butterfly collection) differs from the Child-to-Child message (flirting). Multiple level messages are part of all communications.

A somewhat analogous description to Bateson's and Berne's can be found in the work of the linguist, Noam Chomsky, who discussed rules of grammar in terms of surface structure and deep structure (see Bandler and Grinder, 1975). It is the extracted deep structure meaning that guides action.

Paul Watzlawick (1985) described denotation in language as indicative and connotation as injunctive. The injunctive part of a message is covert and asks the recipient to „do

something." It is the therapeutic injunction, not the overt content, that is most influential in promoting change. Watzlawick's distinction between indicative and injunctive forms is helpful in understanding the difference between direct and indirect suggestions.

Defining „direction" and „indirection"

We have arrived at the point where indirect and direct suggestions can be defined. Indirect communications have a rich injunctive component. Direct suggestions are indicative and the injunction is absent or minimal. Indirect suggestions have a „hidden" or covert message; direct suggestions do not.

In reality, it is difficult to minimize the injunctive aspect of communication. This is because communication is more than the words that are said. The action around the covert context frames the message and modifies its essential character. For example, a person can state, „Here is a table." On the surface, it seems to be a direct statement. But modifications in gestures, tone, and context change the meaning of the direct statement. If a carpenter proudly holds out his arms and exclaims, „Here is a table", the injunctive aspect of the communication is evident. If a chef in a fine restaurant proudly proclaims, „Here is a table", the meaning of the message is modified. Paraverbal and contextual markers change the meaning of communication.

Now, let's consider direct suggestion. Two typical direct therapeutic suggestions to an obese person are, „Eat your food slowly. Put your fork down on the table between each bite." These direct suggestions can be modified and made more injunctive. For instance, paraverbal messages of the therapist might subtly indicate how these suggestions are to be carried out (with enthusiasm, with diligence, etc.). The messages also could be placed in a new context; for example, they could be delivered during hypnosis.

Direct suggestions are modified by the introduction of hypnosis. If an obese patient comes into a consulting room and is given the direct instruction, „Eat slowly", there is little chance of compliance. However, if the patient is induced into trance, and then told, „Eat slowly", the possibility of a favorable response improves. This is because hypnosis per se is a paraverbal marker that frames the message. Once a message is presented within the frame of hypnosis, an injunction is „tagged" onto the stated message. The injunction indicates, „This communication must be realized 'hypnotically;'" that is, „because of hypnosis you will now be able to change your behavior and it will happen more easily, perhaps automatically." The meaning of „hypnotically", however, depends on the therapist's underlying design, which varies according to the theory of hypnosis to which the practitioner subscribes and according to the subject's preconceptions about hypnosis. But, in every case, hypnosis makes presented suggestions indirect because adding an injunctive element

changes the way in which the direct statement is to be understood. Therefore, indirection is part and parcel of all hypnosis.

To review, indirection is essential to hypnosis, both Ericksonian or traditional, whether or not the therapist realizes it. Direct suggestions only exist in vitro. In vivo, especially under hypnosis, there are no direct suggestions. Direct suggestions are like Escher prints; they are impossible in real life. They only exist when a dimension is removed. Only when the frame is removed can a direct suggestion exist. A systemic point of view; that is, one that examines the frame and interpersonal nature of the phenomenon of hypnosis, makes it clear that direct suggestions do not exist during either Ericksonian or traditional hypnosis.

I want to momentarily diverge to offer a clinical caveat: Therapeutic communication must be judged by the response to it, not by its overt content and structure. Direct or indirect messages are unimportant per se. The effective response to the message is of principal value in psychotherapy. Next, several covert definitions of hypnosis are offered to further describe the function of induction in hypnotic methods.

Defining hypnosis

One can be either objective or subjective when defining hypnosis. Moreover, a phenomenon such as hypnosis can be defined according to its appearance, its function, its etiology, its history, its process, in terms of its relationship to other phenomena, or as something that happens among individuals. Definitions are neither benign nor neutral. On the contrary, they influence and focus subsequent thinking. For example, a therapist's definition of hypnosis will influence treatment. Therapists who take an objective approach to hypnosis, commonly use preset scripts for induction and direct suggestions as a method of therapy.

Psychological phenomena, such as hypnosis, are usually defined from the perspective of a pre-existing theory. Traditionally, this has been a theory of individual psychology such as behaviorism or psychoanalysis. In current literature, there are eight definitions of hypnosis (Zeig & Rennick, 1991).

1. Janet (Weitzenhoffer, 1989), near the turn of the century, and more recently Ernest Hilgard (1977), defined hypnosis in terms of dissociation („automatisms" according to Janet).
2. Social psychologist Sarbin and Coe (1972) described hypnosis in terms of role theory. In their view, hypnosis is a role that people play; they act „as if" they are hypnotized.
3. T. X. Barber (1969) defined hypnosis in terms of nonhypnotic behavioral parameters, such as task motivation and labeling the situation as hypnosis.
4. In his early writings, Weitzenhoffer (1953) conceptualized hypnosis as a state of enhanced suggestibility. More recently, he (1989, Vol. 1, p. 13), defined hypnotism as „a form of influence by one person exerted on another through the medium or agency of suggestion" (1989, Vol. 1, p. 13).
5. Gill and Brenman (1959) described hypnosis as a function of using the psychoanalytic concept of „regression in the service of the ego".
6. Edmonston (1981) opined that the operative variable in hypnosis is relaxation.
7. Spiegel and Spiegel (1978) have implied that hypnosis is tied to a biological capacity.
8. Erickson (Erickson, Rossi, & Rossi, 1976) was a proponent of the position that hypnosis is a special, inner-directed, altered state of functioning.

Erickson did not have one definition of hypnosis. At times, he defined it interactionally; for example, „The warmth of one person directed to another" (Marion Moore, Personal Communication). Sometimes he defined it intrapsychically; for example, as „the evocation and utilization of unconscious learning" (Sidney Rosen, Personal Communication). At other times, he was more functional in his definition: „Hypnosis is a tool" (Theodore Sarbin, personal communication).

Personally, I do not believe it is necessary to have one capsule definition for a phenomenon as complex as hypnosis. Different definitions shed light on different facets of the process. By using a patient-based definition, additional understanding of the importance of indirect suggestions can be ascertained.

A patient-based view of hypnosis

Hypnosis can be defined from the perspective of the patient as an experience in which some combination of the following processes exist: (1) altered intensity; (2) modified awareness; (3) avolitional experience and (4) avolitional response in (5) a situation defined as hypnosis. Phenomenologically, patients may report the presence of trance when there is an alteration of intensity (e.g., in relaxation or vividness of imagery); when there is modified awareness (e.g., internal directedness or extraordinarily narrow focus of attention); and when there is avolitional activity - something „just happens" (e.g., the patient has a spontaneous perceptional alteration, a spontaneous amnesia, or there is a dissociated response to suggestion without realizing the exact nature of the response or the suggestion which stimulated the response.

Some patients need all of the above facets present in order to report the existence of trance. Others report trance merely when the situation is defined as „hypnosis." This is another reason why techniques must be varied for the individual, why the therapist must discover the method that best elicits the response, „I'm hypnotized" from within the patient.

Three of the above facets of hypnotic phenomenology easily can be induced directly. For example, the patient can be told, „This is hypnosis... Relax... Focus your attention inward." The situation is thereby defined as hypnosis, and altered intensity and modified awareness are encouraged. However, it is difficult to elicit avolitional activity or responsiveness with direct suggestion. If arm levitation is suggested and the patient is told, „Lift your hand", there must be an implication to indicate that a modification of volition is necessary. If the patient volitionally lifts his/her hand, that is not a hypnotic response, either to the subject or the observer. A patient cannot reasonably be told, „Now, do involuntary behavior." That is an impossible bind. If involuntary responses are to be generated, indirect techniques must be used. The patient can be given an indirect suggestion; for example, „You don't know how easily your hand can begin to lift now." Defining the situation as hypnosis also implies that involuntary behavior will follow.

The implication of altered volition occurs in hypnotic induction, whether traditional or Ericksonian. The context of hypnosis can intimate other things, depending upon the emphasis of the hypnotist/communicator and the expectation of the hypnotized person. According to the theoretical perspective of the hypnotist, the frame could be „By virtue of this experience, you will relax", or „You will go into an altered state." Commonly, though, the application of hypnosis implies to the patient that volition is altered and things will „just happen." (It can be noted that hypnosis is structurally similar to symptoms that also „just happen." However, the hypnosis that „just happens" is a positive state, whereas the symptom that „just happens" is negative [for a description of similarities between hypnosis and symptoms, see Zeig, 1988].)

Though dissociation (or avolitional experience) is an injunction of the hypnotic frame, this effect can be maximized or minimized by the therapist's implication. Many things can be induced in the name of „hypnosis." Induction can be used to foster relaxation and passive receptivity, which is the case in much traditional hypnosis. Such effects are a function of the implication of the therapist and the predilection of the patient to respond to that implication. The implication of altered volition occurs in hypnotic induction, whether traditional or Ericksonian. The context of hypnosis can intimate other things, depending upon the emphasis of the hypnotist/communicator and the expectation of the hypnotized person. According to the theoretical perspective of the hypnotist, the frame could be „By virtue of this experience, you will relax", or „You will go into an altered state." Commonly, though, the application of hypnosis implies to the patient that volition is altered and things will „just happen." (It can be noted that hypnosis is structurally similar to symptoms that also „just happen." However, the hypnosis that „just happens" is a positive state, whereas the symptom that „just happens" is negative [for a description of similarities between hypnosis and symptoms, see Zeig, 1988].)

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Some theorists and researchers maintain that hypnotic induction is invariant, that no matter what induction technique is employed, the effect will be the same. This does not make intuitive sense. One could say that food is an „induction" of satiation, but the ingestion of fast food creates a different „state" than dinner at a gourmet restaurant.

In Ericksonian induction, the therapist elicits responsiveness to minimal cues (indirect suggestions) to maximize response to injunction. The therapist works to develop the patient's ability to respond to minimal cues. In Ericksonian induction, the patient is encouraged to respond to the covert frame more than the overt content. In fact, Ericksonian methods might be considered the technology of harnessing injunctive communication. I think Erickson recognized, perhaps intuitively, that hypnosis is predicated on indirection. In his work, he naturally gravitated to indirect techniques because they were an essential part of hypnosis. He brought to the forefront an inherent aspect of hypnosis that was previously unrecognized. Erickson used indirect suggestions because they are essential to eliciting the phenomenon of avolition, which can be an important part of trance.

In summary, if hypnotists want to help patients achieve avolitional experience, they will use indirect suggestion. It is impossible to create the experience of avolition by using direct suggestion. Dissociation is not merely a state within a patient. It also is an implication of the therapist that can be maximized or minimized, depending on the technique employed. Again, there is no direct suggestion under hypnosis because the frame of hypnosis itself indirectly influences the way in which a „direct suggestion" is understood. To develop this idea further, let's examine the nature of traditional hypnosis.

Traditional hypnosis

In many forms of traditional hypnosis, induction consists of a preset script. The induction often is based on fascination and relaxation. Fascination may be directed to a spot on the wall, and suggestions of relaxation may be progressive: „Relax your head", „relax your

neck", „relax your shoulders", and so on. Eventually, there is a minor challenge suggestion. For example, in an eye fixation induction, the hypnotist might suggest that the patient's eyelids will close, implying that they will do so avolitionally. Subsequent to the induction, there is a period of deepening, sometimes using a technique such as the staircase method, in which imagery and suggestions are combined to intensify the experience. At the end of the deepening period, a more complex, major challenge suggestion is usually presented, perhaps in the form of a hypnotic phenomenon. For example, the patient is challenged to experience levitation through the „direct suggestion", „Your arm will lift up to your face." Alternately, arm immobility can be suggested as a direct challenge. „No matter how hard you try you will be unable to lift your arm." Once the challenge has been met, direct therapeutic suggestions can be applied.

Direct suggestions derive power from the hypnotic frame. The frame of hypnosis also modifies the manner in which challenge suggestions are understood. It indicates to the hypnotized person that responding to the challenge should be different than if the same commands were presented without a preceding induction.

Remember that the totality of hypnosis includes the implication of involuntariness that customarily surrounds the challenge and direct therapeutic suggestions. The traditional frame implies to the patient, „Your responses now are not customary. They can be avolitional. They can come from your unconscious mind." The frame may imply that the hypnotist is in control and that the subject is responding to the hypnotist's power. Again, if the frame of hypnosis was not supplied, direct suggestions would seem ludicrous. Imagine if a patient walked into an office and was merely told, „You will be comfortable without cigarettes", or „Cigarette smoke will smell bad." The frame of hypnosis implies that suggestions given while the patient is in trance will be empowered.

Contrasting Ericksonian and traditional approaches

In the Ericksonian approach, rather than using challenge suggestions, the therapist offers minimal cues or indirect suggestions. By responding to minimal cues, the patient implicitly indicates to the therapist, „I am open to your influence." Once the patient starts responding to the injunctions, the induction is over and the phase of trance utilization begins.

Erickson recognized that a formal induction is not needed to develop responsiveness to minimal cues. Erickson often worked naturalistically, building responsiveness to minimal cues without overtly defining the situation as hypnosis. Such techniques can be helpful, especially when countering entrenched resistances. Once the patient responds to minimal cues in the formal or informal induction, the therapist can proceed with more confidence to use indirect techniques.[2]

Summary and conclusions

Hypnosis can be conceived as a specialized form of responsiveness to minimal cues. Hypnosis also is a frame. It is a paraverbal marker that indicates how communication contained therein is to be perceived and how responses should be made. It invites avolition.

To reiterate in an abridged form, the Ericksonian approach uses induction as a way of garnering responsiveness to minimal cues so that the subsequent utilization period can harness that responsiveness to uncover resources. Both responsiveness and resources are developed by using injunction (indirect suggestion); this maximizes the possibility for autonomous action from the patient.

In communication, it is not so much what is said as how, and in what context it is said, that determines the message. What is most interesting to therapists, as purveyors of power, is the response to implication.

Milton Erickson used indirect suggestions as a way of presenting ideas to stimulate patient-based change. Erickson recognized that people respond to injunction. He realized, perhaps intuitively, that hypnosis is a powerful injunction. Erickson developed the use of injunction. If injunction is essential to hypnosis, one should not try to eliminate it by attempting to make suggestions direct. Direct suggestion only can happen in vitro. Within hypnosis, all suggestions are indirect because they are modified by the hypnotic frame. Therefore, we should not limit the use of injunction in hypnosis. We should learn how to harness it. This is a lesson one learns when studying the work of Milton Erickson.

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This paper borrows liberally from the author's previous work, including:

Zeig, J. K. (1988). An Ericksonian phenomenological approach to therapeutic hypnotic induction and symptom utilization. In J. K. Zeig & S. R. Lankton (Eds.), Developing Ericksonian therapy: State of the art, (pp. 353-375). New York: Brunner/Mazel.
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Sections also are included from a work in progress:

Zeig, J. K. (in progress). Choice points: A model of Ericksonian hypnotherapy.

Note:

1 The author is grateful to Brent Geary, Ph.D., and Julia Rubens for their editorial assistance.
2 One additional caveat: This paper is a philosophical position statement; it does not purport to be an academic dissertation or a scholarly review of previous work about the nature of suggestion per se. Moreover, it is not meant as a polemic to argue that Ericksonian methods are better than direct suggestions. Actually, such polarizations have little value. Again, the question, „Are indirect suggestions better than direct suggestions? has little utility. Rather, the purpose of this paper is to prod clinicians into a better understanding of implication in hypnosis.

Erickson demonstrated throughout his career how people respond constructively to implication - how such guiding of associates can elicit constructive mental and physical responses. This aspect of human behavior remains unchecked - there is still much to be learned. Erickson pioneered an approach whereby implication and response could be fostered. Thinking about direct or indirect suggestion is not productive in the consulting room. Rather, it behooves the therapist to study the injunction in his communication and in its larger context. What differentiates an Ericksonian approach is not the use of forms of suggestion per se - be they „direct" or „indirect" - (clearly Erickson used both); rather it is an orientation of the Ericksonian clinician of being especially alive to constructive use of implication and response to injunction.

An Ego Psychological Theory of Hypnosis and the Research Evidence Supporting it

Erika Fromm[1]

I will present my Ego Psychological Theory of Hypnosis. It is a cognitive theory based to a great extent on a number of concepts developed in classical and neoclassical psychoanalysis.

Psychoanalysis was started by Freud as the Libido Theory, a theory of the unconscious and the instincts. Other psychoanalytic theories were added later, namely, Ego Psychology, Object Relationship Theory, and the Theory of the Self. Freud himself (1923) originated Ego Psychology. Object Relationship Theory began in England in the late 1940s (Fairbairn, 1946) and in the United States in the 1950s (Jacobson, 1954). And the Theory of the Self started in the United States in the 1960s (Kohut, 1966, 1971). These four theories form the broad braid of four strands of theories that currently constitute the fabric of psychoanalysis. My theory of hypnosis rests on concepts stemming mainly from the ego psychological strand of psychoanalysis.

The ego is that conglomeration of functions that comprise perception, cognition, defenses, decision making, judgment, memory, attention, imagery, sensations, and affect. The ego organizes and structures all of the above in conscious and in unconscious awareness, in relationship to the outside world as well as to the individual's inner world.

Theoretical concepts and principles

In the early 1880s Freud became familiar with hypnosis through attending the lectures of Charcot at the Salpêtrière in Paris. After his return to Vienna, working with Breuer [1955], he used authoritarian hypnosis. He demanded from his patients that they go deep down